U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penelties as provided by 29 U.S.C 439 or 440.

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1. File Number U- 825

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 2004 Through: 12 31 2004
. Name and address of person filling.	4. Name, file number, and address of labor organization.
Name :Chris   Durham	Name American Federation of Musicians
1, 1, 1, 1, 1,	Labor Organization File Number 000007
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1024 Alco Drive	Street 1501 Broadway Suite 600
Cky Collinsville	City New York
State Illinois ZIP Code +4 62234	State New York ZIP Code + 4 10036
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Signature and verification. The undersigned declares, under penalty submitted in this report (including the information sontained in any accompa undersigned a knowledge and belief arus correct, and complete. (See the sec	gnature of Porjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties by the instructions.)  9/9/05 6/8-345-2797  On 8/9/05 6/8-345-2797
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Name of Person Filing Chris Durham	File Number U-			
B. Held an interest in or derived income or aconomic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name SCRIP  Trade Name, If any: 1c/D Holy Cross High School  P.O. Box, Bidg., Room No., If any  Street 413 South Saminary Road  City (Collinsville)  State Illinois ZIP Code + 4 62234	a. Lebor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if sny: P.O. Box, Bldg., Room No., if any	When I travel for AFM business, I purchase travel vouchers from SCRIPE, which I then use on a dollar for dollar basis to purchase my travel.			
Street	11.b. Approximate dollar value of such dealing. \$12,500			
City State ZIP Code + 4	12.a Nature of Interest held or Income received.  For every dollar of travel Vouchers I purchase from SCRIP, a percentage is rebated to SCRIP, and a percentage (totalling \$1,000 in 2004) is rebated to me to use to wards my son's tuition at Holy Cross.			
	12.b. Amount. \$1,000			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, If any).</li> </ol>	14.a. Nature of payment.			
Neme	<b>[</b>			
Trade Name, If any:				
P.O. Box, Bidg., Room No., if any				
Street	!			
City				
State ZIP Code + 4				
13.b. is the Business an Employer or Consultant 7	14.b. Amount of payment.			